



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000153418

2. Exact Name of the Limited Liability Company Q Capital Strategies, LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

LIFE SETTLEMENT PROVIDER

5. Principal Office Address

No. and Street: 119 W 72 STREET, SUITE 340

City or Town: NEW YORK

State: NY

Zip: 10023

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 119 W 72 STREET, SUITE 340

City or Town: NEW YORK

State: NY

Zip: 10023

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN MARK SHAPIRO	119 W 72 STREET, #340 NEW YORK, NY 10023 USA
MANAGER	HOWARD AARON FELDMAN	2424 N FEDERAL HWY STE 460 BOCA RATON, FL 33431 USA

MANAGER

PAUL EDWIN SHAPIRO

2424 N FEDERAL HIGHWAY STE 460
BOCA RATON, FL 33431 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of March, 2017 at 3:49:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By HOWARD A FELDMAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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